

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Administration for HIV Policy and Programs
Confidential Client Information Form



Instructions: Please fill out the following information in conjunction with the "Come Together DC, Get Tested for HIV" testing campaign. All information will be kept confidential and will be used for surveillance purposes only.

Date (Month/Year) _____ Zip _____ Residential
 Ward _____
 Street Address (optional) _____

<p>Race/Ethnicity:</p> <p><input type="radio"/> White, non-Hispanic</p> <p><input type="radio"/> Black, non-Hispanic</p> <p><input type="radio"/> Hispanic</p> <p><input type="radio"/> Asian/Pacific Islander</p> <p><input type="radio"/> American Indian, Alaskan Native</p> <p><input type="radio"/> Other, Specify _____</p> <p><input type="radio"/> Undetermined</p> <p>Sex:</p> <p><input type="radio"/> Male <input type="radio"/> Female</p> <p>Transgender <input type="radio"/> MTF <input type="radio"/> FTM</p> <p>Date of Birth (mm/dd/yyyy) _____</p>	<p>Previous Testing</p> <p>Prior to your test today, have you ever had an HIV test?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>If yes, when was your last test:</p> <p>(month/year) _____</p> <p>What was your HIV test result the last time you were tested?</p> <p><input type="radio"/> Negative</p> <p><input type="radio"/> Positive</p> <p><input type="radio"/> Unknown</p> <p><input type="radio"/> Inconclusive</p>
<p>Reason for testing: (Check all that Apply)</p> <p><input type="radio"/> Print, radio, or TV advertisement encouraging HIV testing</p> <p><input type="radio"/> Test was offered by doctor, nurse, or other care provider</p> <p><input type="radio"/> I was worried that I might have been exposed to HIV</p> <p><input type="radio"/> I get tested on a regular basis and it was time to get tested again</p> <p><input type="radio"/> I was checking to make sure I was HIV negative.</p> <p><input type="radio"/> I was required to get tested by either insurance, military, court order or by some other agency.</p> <p><input type="radio"/> I was pregnant.</p> <p><input type="radio"/> Other reason: _____</p> <p>Would you have requested an HIV test today if it were not offered to you?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure</p>	
<p>For Official Use Only: To be filled out by provider: Site Name</p>	
<p>Lot Number _____</p> <p>Test Result:</p> <p><input type="radio"/> Preliminary Positive</p> <p><input type="radio"/> Negative</p> <p><input type="radio"/> Inconclusive</p> <p><input type="radio"/> No Result given</p> <p>Service Referral:</p> <p><input type="radio"/> Care and Treatment</p> <p><input type="radio"/> Prevention</p> <p><input type="radio"/> No Referral</p>	<p>Type of Test:</p> <p><input type="radio"/> Anonymous: No personal Information</p> <p><input type="radio"/> Confidential: Personal Information was collected</p> <p>Site Type:</p> <p><input type="radio"/> HIV/CTS <input type="radio"/> TB Clinic</p> <p><input type="radio"/> STD Clinic <input type="radio"/> Drug Treatment</p> <p><input type="radio"/> Family Planning <input type="radio"/> Prenatal/OBO Office</p> <p><input type="radio"/> Prison/Jail <input type="radio"/> Primary Physician</p> <p><input type="radio"/> Community Sponsored Health Event</p> <p><input type="radio"/> Hospital ER <input type="radio"/> Hospital Labor and Delivery</p> <p><input type="radio"/> Hospital Other: _____</p> <p><input type="radio"/> Academic Health Center</p> <p><input type="radio"/> Other, Specify _____</p>